## REMARKS

Applicant thanks the Examiner for the reconsideration of the previous rejection and the withdrawal of the finality of the same.

By this paper, new dependent Claims 12-15 have been added. Support for new Claims 12-15 can be found at least at page 8, ll. 16-17, page 10, ll. 6-9, page 11, ll. 20-25, and page 12, ll. 23-25 of the specification as filed. Claims 1-15 are thus pending and presented for examination.

*Discussion of Rejection of Claims 1-11 under 35 U.S.C. § 103(a)*

The Examiner has rejected Claims 1-11 under 35 U.S.C. § 103(a). In particular, the Examiner has rejected independent Claims 1 and 8 under 35 U.S.C. § 103(a) as obvious over U.S. Patent No. 5,911,132 to Sloane in view of U.S. Patent No. 6,868,074 to Hanson.

In rejecting Claim 1, the Examiner conceded that Sloane does not expressly teach that the demographic audit module is configured to determine whether sufficient patient demographic data exists in the medical emergency database and to search other databases in an attempt to obtain missing demographic information. However, the Examiner has stated that "Hanson teaches a data device first searching for the existence of data in the internal database (Hanson; Col. 4, lines 42-45) and then if the data does not exist in the data device contacting another centralized database (Hanson; Col. 4, lines 51-56)." The Examiner further stated that "it would have been obvious to one of ordinary skill in the art to add these features to the Sloane teachings with the motivation of enabling automatic transmission of user characteristics that will aid in medical triage, diagnosis and treatment (Hanson; Col. 2; lines 49-50)."

Applicant respectfully submits that Claim 1 is not obvious in view of Sloane and Hanson, both because neither reference teaches or suggests a demographic audit module configured to determine whether sufficient patient demographic data exists in the medical emergency database, nor do they teach or suggest searching other databases in an attempt to obtain missing demographic information. Such information may be helpful, for example, in improving the accuracy and the efficiency of billing patients and insurance companies. The Examiner has agreed that Sloane does not teach such a demographic audit module, and Applicant respectfully

submits that Hanson similarly fails to teach these claimed features for the reasons set forth below.

Hanson is directed to a system and method for providing emergency service methods and emergency service request capability for mobile data devices. *See* Hanson, col. 1, l. 66 – col. 2, l. 2. In certain embodiments, differences in usable communications protocols between the mobile data device and the medical facility being contacted may prevent transmission of user information directly from the mobile data device to the medical facility. *See* Hanson, col. 2, ll. 18-21. In such an embodiment, rather than communicating directly between the mobile device and the data device, the data device may contact a locator service, which in turn provides user information to the medical facility. *See* Hanson, col. 2, ll. 26-33. This locator service may include user information previously entered by the user. *See* Hanson, col. 4, ll. 10-23.

In order to determine whether information will be sent to the medical center from the portable data device or via the locator service, the communications capability of the nearby emergency medical centers must be compared to the communications capability of the portable data device. In the particular portion of the specification cited by the Examiner, an embodiment is discussed in which information regarding the location and communications capability of medical centers may be stored locally on the portable data device. The location of nearby medical facilities may be identified, and a proper communications protocol determined. However, in the event that no such data is locally stored on the data device, or no medical facilities sufficiently close to the location of the data device can be identified, the locator service may be used to obtain information about emergency assistance providers from a centralized database. *See* Hanson, col. 4, ll. 51-56.

Applicant therefore respectfully submits that the portion of Hanson cited by the Examiner does not teach determining whether patient demographic data exists in a database. The only determination made by Hanson with respect to user information is not whether the user information exists locally, but whether the portable data device is capable of communicating user information directly to the medical facility. (See step S26 of the flowchart of Figure 5) If not, the user information is simply communicated to the medical facility via the locater service. There is no determination in Hanson that any patient-related information is missing from a database.

Furthermore, Applicant notes the portion of Hanson cited by the Examiner explaining that the automatic transmission of user characteristics that will aid in medical triage, diagnosis and treatment is not related to the searching of a database, but rather the transmission of vital signs from the patient. Applicant respectfully submits that such vital signs must necessarily be transmitted from the patient's device, and thus it would not make sense to search another database to obtain such information, as the information would be locally generated, such as via a device attached to the patient to assess vital signs..

In addition to not teaching or suggesting determining whether patient demographic data exists in a database, Hanson does not teach or suggest then searching other databases to obtain such missing demographic information. Rather, the only data which is sought in another database after a determination as to whether or not the data is missing in a first database is whether information regarding medical facilities, which has nothing to do with patient demographic data.

Finally, Applicant maintains the arguments presented in a previous response that Sloane does not teach that the medical emergency database comprises transport information as recited in Claims 1 and 8, and notes that the Examiner has not pointed to any such disclosure in Hanson.

For at least the reasons discussed above, Applicant respectfully submits that Claim 1 is patentable over Sloane in view of Hanson. In particular, Applicant notes that neither Sloane nor Hanson teaches or suggests a demographic audit module configured to determine whether sufficient patient demographic data exists in the medical emergency database and to search other databases in an attempt to obtain missing demographic information. Claim 8 was rejected by the Examiner for the same reasons used in rejecting Claim 1. Applicant thus submits that Claim 8 is patentable for at least the reasons discussed with respect to Claim 1. Similarly, Claims 2-7 and 9-11 depend from either Claim 1 or Claim 8, and are thus patentable for at least the reasons discussed with respect to Claim 1 above, in addition to providing further patentable distinction. Furthermore, Applicant does not necessarily agree with the characterization of dependent claims or prior art made in these rejections.

*New Claims 12-15*

Applicant has added dependent Claims 12 and 13. Although these claims recite particular additional limitations with respect to the patient demographic data of Claim 1, Applicant notes that they in no way should be read to provide a comprehensive description of patient demographic data, and that in Claim 1 may encompass patient demographic data which does fall within the scope of Claim 1. Similarly, new Claims 14 and 15 recite particular additional limitations with respect to the transport data and billing modules of Claims 1 and 4, respectively, but should not be read to limit the claims from which they depend.

*No Disclaimers or Disavowals*

Furthermore, although the present communication may include alterations to the application or claims, or characterizations of claim scope or referenced art, Applicant is not conceding in this application that previously pending claims are not patentable over the cited references. Rather, any alterations or characterizations are being made to facilitate expeditious prosecution of this application. The Applicant reserves the right to pursue at a later date any previously pending or other broader or narrower claims that capture any subject matter supported by the present disclosure, including subject matter found to be specifically disclaimed herein or by any prior prosecution. Accordingly, reviewers of this or any parent, child or related prosecution history shall not reasonably infer that the Applicant has made any disclaimers or disavowals of any subject matter supported by the present application.

*Conclusion*

Applicant respectfully submits that each of Claims 1-15 are patentable over the cited prior art, and respectfully requests the allowance of the same.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,

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